

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10628517

FLING DATE 3

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
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49						
50						
TOTAL IND.	9					
TOTAL DEP.	35					
TOTAL CLAIMS	44					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
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TOTAL DEP.												
TOTAL CLAIMS												